

717

PLACE OF BIRTH
County of Gila
District of Globe
Town of _____
or _____
City of Globe

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
(No. _____ St; _____ Ward)

State Index No. 111-200
Co. Register No. 207
Local Registrar's No. _____

FULL NAME OF CHILD _____
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male Twin, Triplet or other ☒ and Number in order of birth 1 Legitimate? Yes Date of Birth July 19 1914
(Month) (Day) (Yr.)

FATHER
Full Name Charles O Phillips
Residence Eucalyptus Ave
Color or Race White Age at last Birthday 30 (Years)
Birthplace Cornwall,
Occupation Miner

MOTHER
Full Maiden Name Beatrice Ellen Jeffery
Residence Same
Color or Race White Age at last Birthday 34 (Years)
Birthplace Same
Occupation Housewife

Number of child of this mother 2 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child; and that it occurred on July 19 1914, at 89 M.
{ *When there is no attending physician or midwife, then the householder should make this return. (Signature) C. S. Surgeon (Attending physician, midwife, householder,*)
Given or christian name added from a supplemental report _____ 191____ Address _____
072-719-218
COUNTY REGISTRAR. Filed July 22 1914 B. G. Fox LOCAL REGISTRAR.
A True Copy Filed Aug 1 1914 B. G. Fox W. D. COUNTY REGISTRAR.